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		Application Number	09/848,982
		Filing Date	May 3, 2001
		First Named Inventor	Ted E. Dunning
		Group Art Unit Number	2177
		Examiner Name	Leslie Wong
Total Number of Pages in This Submission	4	Attorney Docket Number	22227-05479

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney (in triplicate) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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REMARKS:

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	Laura Majerus
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417
Dated:	December 16, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.	
Signature:	Laura Majerus
Typed or Printed Name:	Laura A. Majerus
Express Mail Mailing Number (optional):	
Dated:	December 16, 2004



**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

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To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above-identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	James J. DeCarlo Stroock & Stroock & Lavan, LLP				
Address	180 Maiden Lane				
Address					
City	New York	State	New York	Zip	10038-4982
Country	USA				
Telephone	(212) 806-5400	Fax			

This request is made on behalf of myself and  
 all the attorneys/agents of record,  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 758  
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	December 16, 2004

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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U.S. PATENT AND TRADEMARK OFFICE  
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Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	December 16, 2004

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Name	Laura A. Majerus	
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